

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (050)617-6381

From:

Account Name : FELDMAN & ASSOCIATES Account Number : I20130000018 Phone : (786)288-5699 Fax Number : (866)856-1462

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please at a

FELDMANC LORENA 65 ò i sai Email Address: 2 ਵ FLORIDA LIMITED LIABILITY CO. **Clermont Hillside Terrace Orlando LLC** Certificate of Status 0 59 Certified Copy 0 Page Count Hd 01 Estimated Charge \$125.00 5 ទីរាម S

2015-08-27 11:38 Feldman & Associates . •

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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:

r.

CLERMONT HILLSIDE TERRACE ORLANDO LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORENA FELDMAN

Name of Person

FELDMAN & ASSOCIATES

Firm/Company

2750 NE 185 STREET SUITE 202

Address

AVENTURA FL 33180

City/State and Zip Code

LORENA@FELDMANCLOSINGS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

	LORENA FELDMAN	786 at (288-5699			
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed i	s a check for the following amou	nt;				
\$125.00 F	iling Fee \$130.00 Filing F Certificate of St	atus L	00 Filing Fee & \$160.00 Filin ed Copy al copy is enclosed) Certificate of (additional copy	Status & CR y Here y is enclosed)	15 AUG 27	
	<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	E FLORIDA	AM 10: 35	im O

Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

CLERMONT HILLSIDE TERRACE ORLANDO LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

18305 BISCAYNE BLVD SUITE 218 AVENTURA FL 33160 18305 BISCAYNE BLVD SUITE 218 AVENTURA FL 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

 LORENA FELDMAN, ESQ.

 Name

 2750 NE 185 STREET SUITE 202

 Florida street address (P.O. Box NOT acceptable)

 AVENTURA

 FL

 Other Street

 City

 State

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

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Registered Afent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company;

Title:

- .

"AMBR" = Authorized Member "MGR" = Manager MGR

Name and Address:

RESMA LLC 18305 BISCAYNE BLVD SUITE 218 AVENTURA FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.	.	
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REQUIRED SIGNATURE:	27 #	
Signature of a member or an outhorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	AM 10: 35	O
LORENA FELDMAN		

Typed or printed name of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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